



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
Village of Homewood

Permit Number:  
ms4-il40035

Person Representing Permittee Who Contacted IEPA:  
Robert LaChapelle

Date: 05-07-12 Time: 10:15 AM ☒ PM ☐ IEPA Office Contacted:  
Des plaines

Name of IEPA Employee Contacted:  
Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 05-07-12 Time: 4:00 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):  
18 hours

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

324,000

Location of the Overflow or Bypass:

18311 Martin Ave Homewood, IL 60430

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☒ Rain ☐ Power Outage ☒ Equipment Failure ☐ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

One of the two pumps at Lift Station # 5 failed and must be replaced. We then had 1.69" of rain for a total of 3.26" for the first week of May. The saturated soil and rain overwhelmed the remaining pump forcing us to pump the wet well to the storm sewer.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
05-06-12	1:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	05-07-12	4:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.69"	0

Contributing Soil Conditions (saturated, frozen, soil type)  
saturated soil 4/30/12 thru 5/7/12 3.26" of rain

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

☐ Runs on ground and absorbs into the soil☐ Ditch: Name of surface water it drains to: \_\_\_\_\_☒ Storm Sewer: Name of surface water it drains to: Calumet water shed☐ Surface water direct discharge: \_\_\_\_\_☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): \_\_\_\_\_☐ Other, describe: \_\_\_\_\_**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

We are renting a 6" pump to pump to the force main to back up the one pump still in operation at lift station #5. We are also buying a new pump to replace the one that failed. the new pump will take 3 to 4 weeks for delivery.

**Report Completed By**Contact Person: Robert LaChapelleStreet Address: 2020 Chestnut Rd

PO Box: \_\_\_\_\_

City: Homewood State: IlZip Code: 60430 Phone: 708-206-2910County: cook**Authorized Representative Contact Information**Contact Person: Same

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

County: \_\_\_\_\_

*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print)

Robert LaChapelle

Title

Utility Supervisor

Authorized Representative Signature

5-8-12

Date



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Permittee (Municipality or Facility Name):  
Village of homewood

Permit Number:  
ms4-il40035

Person Representing Permittee Who Contacted IEPA:  
Robert LaChapelle

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM ☐ PM ☐ IEPA Office Contacted:  
Des Plaines

Name of IEPA Employee Contacted: \_\_\_\_\_

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes):  
09-09-12 9:40 0

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass: \_\_\_\_\_

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The homeowners sewer service was blocked.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a \_\_\_\_\_ ☐ ☐ \_\_\_\_\_ ☐ ☐ \_\_\_\_\_

Contributing Soil Conditions (saturated, frozen, soil type)  
n/a \_\_\_\_\_

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil  
☐ Ditch: Name of surface water it drains to: \_\_\_\_\_  
☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_  
☐ Surface water direct discharge: \_\_\_\_\_  
☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): \_\_\_\_\_  
☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Resident at 17926 Gottschalk Ave had sewer back -up in the basement. The village sewer line was down and flowing normally. We ran our sewer jet through the line. The resident still had his back-up. We advised him to call a plumber to have his sewer rodded.

**Report Completed By**

Contact Person: Robert LaChapelle  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

Title

Authorized Representative Signature

Date



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### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
VILLAGE OF HOMEWOOD

Permit Number:  
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:  
BOB LACHAPELLE

Date: 10-09-12 Time: 1:20 AM ☐ PM ☒ IEPA Office Contacted:  
DES PLAINES

Name of IEPA Employee Contacted:  
PAMELA HOMES

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 10-06-12 Time: 5:15 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes):  
2 HOURS

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:  
18948 BOLDER COURT

2 GALLONS

N/A

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE REISIDENT AT 18948 BOULDER CT CALL THE VILLAGE TO REPORT SEWER BACK-UP IN THE TOILET. THE SEWER APPEARED TO HAVE A TREE ROOT BLOCKAGE. WE USED OUR SEWER JET TO CLEAR THE BLOCKAGE AND DRAIN THE SEWER SYSTEM.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
N/A ☐ ☐ ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

N/A

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

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- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☒ Other, describe: THE SEAL ON THE TOILET BROKE WHEN THE EJECTOR PUMP PRESSURIZED THE SYSTEM.

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE SHOT THE SEWER AND REMOVED THE BLOCKAGE AND DRIANED THE MANHOLES. WE WILL TELEWISE THE SEWER LINE TO SEE IF FURTHER REPAIRS ARE NEEDED.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR



Authorized Representative Signature

10-10-12

Date



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### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
VILLAGE OF HOMEWOOD

Permit Number:  
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:  
BOB LACHAPELLE

Date: 10-10-12 Time: 3:05 AM ☐ PM ☒ IEPA Office Contacted:  
DES PLAINES

Name of IEPA Employee Contacted:  
PAMELA HOMES

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 10-10-12 Time: 1:15 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes):  
1 HOURS

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

2 GALLONS

N/A

2346 Clyde Terrace

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE REISDENT AT 2346 CLYDE TERRACE CALL THE VILLAGE TO REPORT SEWER BACK-UP IN THE BASEMENT. THE SEWER APPEARED TO HAVE A TREE ROOT BLOCKAGE. WE USED OUR SEWER JET TO CLEAR THE BLOCKAGE AND DRAIN THE SEWER SYSTEM.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
N/A ☐ ☐ ☐ ☐ \_\_\_\_\_

Contributing Soil Conditions (saturated, frozen, soil type)  
N/A

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

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WE SHOT THE SEWER AND REMOVED THE BLOCKAGE AND DRIANED THE MANHOLES. WE WILL TELEWISE THE SEWER LINE TO SEE IF FURTHER REPAIRS ARE NEEDED.

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**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
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Permittee (Municipality or Facility Name): Village of homewood Permit Number: ms4-il40035 Person Representing Permittee Who Contacted IEPA: Robert LaChapelle

Date: 10-24-12 Time: 10:15 AM ☒ PM ☐ IEPA Office Contacted: Des Plaines Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 10-19-12 Time: 3:30 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 0

Estimated Volume of Wastewater Discharged (gallons): \_\_\_\_\_ WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO. Location of the Overflow or Bypass: \_\_\_\_\_

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

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The homeowners sewer service was blocked.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a ☐ ☐ ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

n/a

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

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Resident at 2031 175th ST Ave had sewer back-up in themain level. The village sewer line was down and flowing normally.We ran our sewer jet through the line. The resident still had his back-up. We advised him to call a plumber to have his sewer rodded.

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Contact Person: Robert LaChapelle  
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Zip Code: 60430 Phone: 708-206-2910  
County: Cook

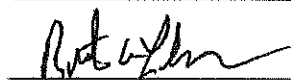
**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

**Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))**

Authorized Representative Name (Print)

Robert LaChapelle



Authorized Representative Signature

Title

Utility supervisor



Date



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name): Village of homewood Permit Number: ms4-il40035 Person Representing Permittee Who Contacted IEPA: Robert LaChapelle

Date: 10-24-12 Time: 10:15 AM ☒ PM ☐ IEPA Office Contacted: Des Plaines Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 10-21-12 Time: 4:00 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 0

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The homeowners sewer service was blocked.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a ☐ ☐ ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

n/a

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Resident at 1506 Idlewild Ave had sewer back-up in the main level. The village sewer line was down and flowing normally. We ran our sewer jet through the line. The resident still had his back-up. We advised him to call a plumber to have his sewer rodded.

**Report Completed By**

Contact Person: Robert LaChapelle  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

**Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))**

Authorized Representative Name (Print)

Robert LaChapelle

Title

Utility supervisor



Authorized Representative Signature

10-24-12

Date



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
Village of homewood

Permit Number:  
ms4-il40035

Person Representing Permittee Who Contacted IEPA:  
Robert LaChapelle

Date: 10-24-12 Time: 10:15 AM ☒ PM ☐ IEPA Office Contacted:  
Des Plaines

Name of IEPA Employee Contacted:  
ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 10-24-12 Time: 7:00 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):  
0

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The homeowners sewer service was blocked.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: ☐ AM ☐ PM End Date: Time: ☐ AM ☐ PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a \_\_\_\_\_

Contributing Soil Conditions (saturated, frozen, soil type)  
n/a \_\_\_\_\_

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil  
☐ Ditch: Name of surface water it drains to: \_\_\_\_\_  
☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_  
☐ Surface water direct discharge: \_\_\_\_\_  
☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTAL  
☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Resident at 18836 Jamie Ct. had sewer back-up in the lower level. The village sewer line was down and flowing normally. We ran our sewer jet through the line. The resident still had his back-up. We advised her to call a plumber to have his sewer rodded.

**Report Completed By**

Contact Person: Robert LaChapelle  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print)

Title

Robert LaChapelle

Utility supervisor

Authorized Representative Signature

Date

10-24-12



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

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Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
Village of homewood

Permit Number:  
ms4-il40035

Person Representing Permittee Who Contacted IEPA:  
Robert LaChapelle

Date: 10-31-12 Time: 10:00 AM ☒ PM ☐ IEPA Office Contacted:  
Des Plaines

Name of IEPA Employee Contacted:  
ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 10-30-12 Time: 2:45 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes):  
0

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The homeowners sewer service was blocked.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

n/a

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Resident at 1860 W 183rd St had sewer back-up in the clean out. The village sewer line was down .We ran our sewer jet through the line and televised . the main sewer was clear The resident still had back-up. A plumber was rodding her sewer service

**Report Completed By**

Contact Person: Robert LaChapelle  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

Robert LaChapelle

Title

Utility supervisor

Authorized Representative Signature

Date

10-31-12



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

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Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
Village of homewood

Permit Number:  
ms4-il40035

Person Representing Permittee Who Contacted IEPA:  
Robert LaChapelle

Date: 10-31-12 Time: 1:00 AM ☐ PM ☒ IEPA Office Contacted:  
Des Plaines

Name of IEPA Employee Contacted:  
ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 10-31-12 Time: 11:30 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):  
0

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The homeowners sewer service was blocked.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a ☐ ☐ ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

n/a

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Resident at 18533 Ashland Ave had sewer back-up in the house. The village sewer line was clear and open. The resident said they were having problems with roots. We advised them to call a plumber.

**Report Completed By**

Contact Person: Robert LaChapelle  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

Robert LaChapelle

Title

Utility supervisor



Authorized Representative Signature

10-31-12

Date



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
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P.O. Box 19276  
Springfield, IL 62794-9276

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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
Village of Homewood

Permit Number:  
ms4-il40035

Person Representing Permittee Who Contacted IEPA:  
Robert LaChapelle

Date: 11-16-12 Time: 7:30 AM ☒ PM ☐ IEPA Office Contacted:  
Des Plaines

Name of IEPA Employee Contacted:  
ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 11-15-12 Time: 5:15 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 0

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733 11/2011 ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The homeowners sewer service was blocked.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a \_\_\_\_\_ ☐ ☐ \_\_\_\_\_ ☐ ☐ \_\_\_\_\_

Contributing Soil Conditions (saturated, frozen, soil type)

n/a

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Resident at 1908 W 183rd St had sewer back-up in the basement. The village sewer line was clear and flowing. The resident's outside clean-out was down and flowing. A plumber was rodding their sewer service

**Report Completed By**

Contact Person: Robert LaChapelle  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

**Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))**

Authorized Representative Name (Print)

Robert LaChapelle

Title

Utility supervisor

Authorized Representative Signature

Date



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
Village of Homewood

Permit Number:  
ms4-il40035

Person Representing Permittee Who Contacted IEPA:  
Robert LaChapelle

Date: 11-26-12 Time: 9:10 AM ☒ PM ☐ IEPA Office Contacted:  
Des Plaines

Name of IEPA Employee Contacted:  
ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 11-26-12 Time: 8:00 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):  
0

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

0

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The homeowners sewer service was blocked.

**Wet Weather (if applicable)****Date(s) and Duration of Rainfall:**

Start Date: Time: ☐ AM ☐ PM End Date: Time: ☐ AM ☐ PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a \_\_\_\_\_

Contributing Soil Conditions (saturated, frozen, soil type)

n/a

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Resident at 1308 191st St.had sewer back-up in the house. The village sewer line was clear and open. We shot the sewer anyway. the homeowner still had a problem. We advised them to call a plumber.

**Report Completed By**

Contact Person: Robert LaChapelle  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

**Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))**

Authorized Representative Name (Print)

Robert LaChapelle

Title

Utility supervisor

  
Authorized Representative Signature

11-26-12  
Date



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
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Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

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Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
Village of Homewood

Permit Number:  
ms4-il40035

Person Representing Permittee Who Contacted IEPA:  
Robert LaChapelle

Date: 12-06-12 Time: 10:00 AM ☒ PM ☐ IEPA Office Contacted:  
Des Plaines

Name of IEPA Employee Contacted:  
ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 12-05-12 Time: 2:45 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes):  
0

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The homeowners sewer service was blocked.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a ☐ ☐ ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)  
n/a

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil  
☐ Ditch: Name of surface water it drains to: \_\_\_\_\_  
☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_  
☐ Surface water direct discharge: \_\_\_\_\_  
☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTAL  
☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Resident at 17603 Western Ave had sewer back-up in the basement. The village sewer line was clear and flowing. The resident had A plumber on the way to rod their sewer service .

**Report Completed By**

Contact Person: Robert LaChapelle  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

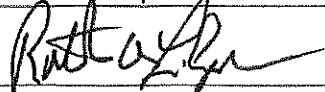
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Authorized Representative Name (Print)

Title

Robert LaChapelle

Utility supervisor



12-6-12

Authorized Representative Signature

Date



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

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1021 North Grand Avenue East  
P.O. Box 19276  
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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
Village of Homewood

Permit Number:  
ms4-il40035

Person Representing Permittee Who Contacted IEPA:  
Robert LaChapelle

Date: 12-11-12 Time: 10:50 AM ☒ PM ☐ IEPA Office Contacted:  
Des Plaines

Name of IEPA Employee Contacted:  
ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 12-11-12 Time: 10:15 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):  
0

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The homeowners sewer service was blocked.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: ☐ AM ☐ PM End Date: Time: ☐ AM ☐ PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a \_\_\_\_\_

Contributing Soil Conditions (saturated, frozen, soil type)

n/a

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil  
☐ Ditch: Name of surface water it drains to: \_\_\_\_\_  
☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_  
☐ Surface water direct discharge: \_\_\_\_\_  
☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL  
☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Resident at 18027 Tarpon Ct. had sewer back-up while doing laundry in the basement. The village sewer line was clear and flowing. The resident was calling a plumber to rod their sewer service.

**Report Completed By**

Contact Person: Robert LaChapelle  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

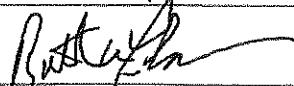
***Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))***

Authorized Representative Name (Print)

Robert LaChapelle

Title

Utility supervisor



Authorized Representative Signature

12-11-12

Date



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

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1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
VILLAGE OF HOMEWOOD

Permit Number:  
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:  
BOB LACHAPPELLE

Date: 12-14-12 Time: 8:15 AM ☐ PM ☒ IEPA Office Contacted:  
DES PLAINES

Name of IEPA Employee Contacted:  
ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 12-13-12 Time: 1:20 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes):  
1 HOURS

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

0 GALLONS

N/A

18306 CARPENTER ST

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE LANDLORD AT 18306 CARPENTER CALLED THE VILLAGE TO REPORT SLOW FLUSHING TOILETS. THE SEWER APPEARED TO HAVE SOFT DEBRIS BLOCKAGE. WE USED OUR SEWER JET TO CLEAR THE BLOCKAGE IN THE SEWER MAIN. HE HAD A PLUMBER RODDING THE SERVICE TO CLEAR ROOTS.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM End Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM Amount of Rainfall (inches) \_\_\_\_\_ Amount of Snow Melt (inches) \_\_\_\_\_  
N/A \_\_\_\_\_ ☐ ☐ \_\_\_\_\_ ☐ ☐ \_\_\_\_\_

Contributing Soil Conditions (saturated, frozen, soil type)

N/A

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☒ Other, describe: SLOW FLUSHING TOILETS NO BACK -UP IN HOUSE

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE SHOT THE SEWER AND REMOVED THE BLOCKAGE AND CLEANED THE SEWER. THE SEWER WAS A DEAD END LINE WITH LOW FLOW. WE WILL TELEWISE THE LINE TO SEE IF FURTHER REPAIRS ARE NEEDED.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR



Authorized Representative Signature

12-14-12

Date



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

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1021 North Grand Avenue East  
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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):	Permit Number:	Person Representing Permittee Who Contacted IEPA:
VILLAGE OF HOMEWOOD	MS4-IL40035	BOB LACHAPELLE

Date:	Time:	AM	PM	IEPA Office Contacted:	Name of IEPA Employee Contacted:
12-21-12	8:25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DES PLAINES	ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date:	Time:	AM	PM	Duration of the overflow or bypass (hours and minutes):
12-20-12	4:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1 HOURS

Estimated Volume of Wastewater Discharged (gallons):	WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO.	Location of the Overflow or Bypass:
0 GALLONS	N/A	19130 CENTER

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- |  |                                       |  |   |
|--|---------------------------------------|--|---|
| <input checked="" type="checkbox"/> Rain | <input type="checkbox"/> Power Outage | <input type="checkbox"/> Equipment Failure   | <input checked="" type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Snow Melt       | <input type="checkbox"/> Broken Sewer | <input type="checkbox"/> Widespread Flooding |   |

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE HOMEOWNER AT 19130 CENTER CALLED THE VILLAGE TO REPORT BASEMENT BACK-UP. THE HOMEOWNER'S SEWER SERVICE LINE WAS BLOCKED.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
12-19-12	10:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12-21-12	3:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.25	

Contributing Soil Conditions (saturated, frozen, soil type)

N/A

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

☐ Runs on ground and absorbs into the soil☐ Ditch: Name of surface water it drains to: \_\_\_\_\_☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_☐ Surface water direct discharge: \_\_\_\_\_☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL☐ Other, describe: \_\_\_\_\_**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE SHOT THE SEWER AND CLEANED THE SEWER. THE HOMEOWNER STILL HAD BACK-UP. SHE CALLED A PLUMBER TO ROD HER SEWER SERVICE LINE.

**Report Completed By**

Contact Person: BOB LACHAPELLE

Street Address: 2020 CHESTNUT RD

PO Box: \_\_\_\_\_

City: HOMEOD State: IL

Zip Code: 60430 Phone: 708-206-2910

County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

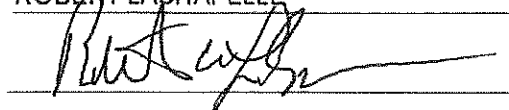
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

County: \_\_\_\_\_

*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print)

ROBERT LACHAPELLE



Authorized Representative Signature

Title

UTILITY SUPERVISOR

Date

12-21-12



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
Village of Homewood

Permit Number:  
ms4-il40035

Person Representing Permittee Who Contacted IEPA:  
Robert LaChapelle

Date: 12-27-12 Time: 7:25 AM ☒ PM ☐ IEPA Office Contacted:  
Des Plaines

Name of IEPA Employee Contacted:  
ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 12-26-12 Time: 5:15 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes):  
0

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The homeowners sewer service was blocked.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a ☐ ☐ ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

n/a

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Resident at 18400 Marshfield Ave had sewer back-up in the lower level. The village sewer line was down and flowing normally. The resident's problem had corrected it self by the time we arrived.

**Report Completed By**

Contact Person: Robert LaChapelle  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

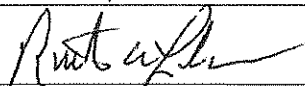
*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print)

Robert LaChapelle

Title

Utility supervisor



Authorized Representative Signature

12-27-12

Date